

2020 Iowa Board of Podiatry License Renewal

	Step 1 - Please write clearly and legibly
License Number	
Last Name, First Name	
Mailing Address	
City, State, Zip Code	
E-mail address	
	<i>Your email address is important! Renewal notifications will be emailed to the email address on file with the board at 60, 50, 40 and 30 days prior to the license expiration date.</i>
Primary Phone	

Step Two - Check the license(s) are you renewing. Enter each license number.

License Practice Discipline	License #	Renewal fee on or before June 30	Renewal fee July 1 - July 30
<input type="checkbox"/> Podiatrist		\$400.00	\$460.00
<input type="checkbox"/> Orthotist		\$400.00	\$460.00
<input type="checkbox"/> Pedorthist		\$400.00	\$460.00
<input type="checkbox"/> Prosthetist		\$400.00	\$460.00

- Check or money order must be payable to the Iowa Board of Podiatry.
- Renew early to avoid a late fee or lapse in licensure. The board office strongly suggests the application and fee be postmarked on or before June 1.
- Allow four weeks to process the paper renewal. Once approved, a new set of wallet cards will be mailed to you.

Inactive Status

- A licensee whose license is inactive continues to hold the privilege of licensure in Iowa, but may not practice as a podiatrist, orthotist, pedorthist or prosthetist in Iowa until the license is reactivated.

Iowa Law and Administrative Rules

- To view the current Iowa Law and Administrative Rules online, go to <http://idph.iowa.gov/Licensure/Iowa-Board-of-Podiatry/Laws-and-Rules>

Step Three - The following five questions **must** be answered. If you answer “Yes” to any question below, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer “Yes” even when a conviction or judgment has been deferred or expunged from your record. **Since your last renewal have you:**

Yes	No	Been convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime (other than minor traffic violations with fines under \$500)? If you have already reported this incident to the licensing board you do not need to report it again.
Yes	No	Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim filed against you? If you have already reported this incident to the licensing board you do not need to report it again.
Yes	No	Been investigated by a licensing, registration, or certification authority or organization? If the investigation or action was instituted by this licensing board you may answer “NO” to this question.
Yes	No	Been disciplined or sanctioned by any other licensing, registration, or certification authority or organization related to your professional practice? If this licensing board took the disciplinary action, you may answer “NO” to this question.
Yes	No	Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)

Continue on side two

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Step Four – Continuing Education. You **must** answer all five questions. Only one of the five questions can be answered yes.

- All required continuing education hours **must be completed prior** to renewing the license.
- The Iowa Board of Podiatry Guidance Related to Governor Reynold's Proclamations & COVID-19 states: Any Board rules that require licensees to complete any continuing education in-person are waived for the 2020 license renewal. All continuing education required for renewal of licenses expiring on June 30, 2020, may be completed online.

Yes	No	This is my first renewal after initial licensure, continuing education isn't required.
Yes	No	I have completed the required hours of continuing education. Note: If you are reporting continuing education for the first time, you may report hours earned from the date of your initial licensure.
Yes	No	I am exempt from the continuing education requirements because I am licensed and reside in another state or district having continuing education requirements for my profession. I have met all continuing education requirements of that state or district for practice.
Yes	No	I have been granted an extension of time to fulfill the continuing education requirements or I have been granted an exemption by the board (due to a physical or mental disability or illness). My doctor and I have completed the 'Application for Continuing Education Extension/Exemption for Disability or Illness. The application has been mailed to the board office and has been approved by the Board. I have or am in the process of completing the requirements of my exemption.
Yes	No	I am exempt from the continuing education requirements because I was on active military duty during all or part of this continuing education biennium.

Step Five – Mandatory Reporter Training Requirements. You **must** answer all four questions. Only one of the four questions can be answered yes.

7/1/2019 HF 731 MODIFIES MANDATORY REPORTER CHILD ABUSE AND DEPENDENT ADULT ABUSE TRAINING REQUIREMENTS: <https://dhs.iowa.gov/child-welfare/mandatoryreporter>

Licensees, who in the scope of their professional practice, examine, attend, counsel, or treat dependent adults or children in Iowa are required to complete training in dependent adult and/or child abuse identification and reporting during the previous five years.

Yes	No	I do not examine, attend, counsel, or treat dependent adults or children in Iowa.
Yes	No	I examine, attend, counsel or treat dependent adults and/or children in Iowa and have completed the required training within the last five years.
Yes	No	I am exempt from the requirements for mandatory training for identifying and reporting dependent adult and/or child abuse because I was on active duty in the military during this biennium.
Yes	No	I am exempt from the requirements for mandatory training for identifying and reporting dependent adult and/or child abuse due to a physical or mental disability or illness. My doctor and I have completed the 'Application for Continuing Education Extension/Exemption for Disability or Illness. The application has been mailed to the board office and has been approved by the Board.

Step Six - Certification/Attestation Statement

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my license may be subject to disciplinary action and criminal prosecution.

I also understand that this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. In submitting this application, I consent to any reasonable inquiry, including a continuing education audit that may be necessary to verify the information I have provided on, or in conjunction with, this application.

I attest that I do not have a medical condition which impairs or limits my ability to practice my profession with reasonable skill and safety and understand that I must notify the Board should such a condition arise which impairs or limits my ability to practice my profession with reasonable skill and safety.

Licensee Signature

Date